

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT****3784****FORM C/OH  
COVER SHEET PG 1**

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAMETITLE FIRST MI  
CONSTABLE BRUCE  
NICKNAME LAST SUFFIX  
EUFANT

OFFICE USE ONLY

Date Received

JAN 20 9 34 AM '98  
TRAVIS COUNTY CLERK  
TRAVIS COUNTY, TEXAS

FILED

4 CANDIDATE /  
OFFICEHOLDER  
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

1205 FAIRWOOD AVE SX 7822

☐ Change of Address5 CAMPAIGN  
TREASURER  
NAMETITLE FIRST MI  
BEVERLY C  
NICKNAME LAST SUFFIX  
REEVES

Receipt #

HD / PM

Am

Date Processed

1/20/98

Date Imaged

6 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

700 CONGRESS AUSTIN TX 78701

7 CAMPAIGN  
TREASURER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

(512) 494-8538

8 REPORT TYPE



January 15



30th day before election



Runoff

15th day after campaign treasurer  
appointment (officeholder only)

July 15



8th day before election



Exceeded \$500 limit



Final report (Attach C/OH - FR)

9 PERIOD  
COVERED

Month Day Year

7 / 18 / 98

THROUGH

Month Day Year

1 / 15 / 98

10 ELECTION

ELECTION DATE  
Month Day Year

/ /

ELECTION TYPE

☐ Primary☐ Runoff☐ General☐ Special

11 OFFICE

OFFICE HELD (if any)

CONSTABLE

12 OFFICE SOUGHT (if known)

13 DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALS\*\* Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.  
Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. \*\*

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2



FORM C/OH  
COVER SHEET PG 2



# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date	5 Full name of contributor <input type="checkbox"/> out of state PAC	7 Amount of contribution (\$)	8 In-kind contribution description(if applicable)
6 Contributor address; City; State; Zip Code			

9 Principal occupation	10 Employer (optional)
------------------------	------------------------

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code			

Principal occupation	Employer (optional)
----------------------	---------------------

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code			

Principal occupation	Employer (optional)
----------------------	---------------------

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code			

Principal occupation	Employer (optional)
----------------------	---------------------

Date	Full name of contributor <input type="checkbox"/> out of state PAC	Amount of contribution (\$)	In-kind contribution description(if applicable)
Contributor address; City; State; Zip Code			

Principal occupation	Employer (optional)
----------------------	---------------------

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.



## SCHEDULE B



**LOANS****SCHEDULE E**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule E:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** TOTAL OF UNITEMIZED LOANS:

⇒ ⇒ ⇒ ⇒ ⇒ ⇒

\$

**5** Date of loan**7** Name of lender☐ out of state PAC**9** Loan Amount (\$)**6** Is lender a  
financial institution?

Y N

**8** Lender address; City; State; Zip Code**10** Interest rate**11** Maturity date**12** Description of Collateral☐ none**13** GUARANTOR  
INFORMATION**14** Name of guarantor**16** Amount Guaranteed (\$)☐ not applicable**15** Guarantor address; City; State; Zip Code**17** Principal Occupation**18** Employer

Date of loan

Name of lender

☐ out of state PAC

Loan Amount (\$)

Is lender a  
financial institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Description of Collateral

☐ none**GUARANTOR  
INFORMATION**

Name of guarantor

Amount Guaranteed (\$)

☐ not applicable

Guarantor address; City; State; Zip Code

Principal Occupation

Employer

**ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.



**POLITICAL EXPENDITURES.****SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule F:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)**4** Date**5** Payee name**7** Amount  
(\$).....  
**6** Payee address; City; State; Zip Code**8** Purpose of expenditure**9** .. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount  
(\$).....  
Payee address; City; State; Zip Code

Purpose of expenditure

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount  
(\$).....  
Payee address; City; State; Zip Code

Purpose of expenditure

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name

Office sought / held

Date

Payee name

Amount  
(\$).....  
Payee address; City; State; Zip Code

Purpose of expenditure

.. Complete if direct expenditure to benefit C/OH ..  
Candidate / Officeholder name

Office sought / held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8

Amount  
(\$)

6 Payee address;

City; State; Zip Code

7 Purpose of expenditure

☐Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address;

City; State; Zip Code

Purpose of expenditure

☐Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address;

City; State; Zip Code

Purpose of expenditure

☐Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address;

City; State; Zip Code

Purpose of expenditure

☐Reimbursement  
from political  
contributions  
intended

Date

Payee name

Amount  
(\$)

Payee address;

City; State; Zip Code

Purpose of expenditure

☐Reimbursement  
from political  
contributions  
intended

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# **PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH**

## **SCHEDULE H**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule H:

**2** FILER NAME

**3** ACCOUNT # (Ethics Commission filers)

**4** Date

**5** Business name

**7** Amount  
(\$)

**6** Business address; City; State; Zip Code

**8** Purpose of payment

**9** -- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

Date

Business name

Amount  
(\$)

Business address; City; State; Zip Code

Purpose of payment

-- Complete if direct expenditure to benefit C/OH --  
Candidate / Officeholder name Office sought / held

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# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE I

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule I:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payee name	<b>8</b> Amount (\$)
	<b>6</b> Payee address; City; State; Zip Code	
	<b>7</b> Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure	

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**CREDITS (optional)****SCHEDULE K**

The INSTRUCTION GUIDE explains how to complete this form.

**1** Total pages Schedule K:**2** FILER NAME**3** ACCOUNT # (Ethics Commission filers)

<b>4</b> Date	<b>5</b> Payor name	<b>8</b> Amount (\$)
	..... <b>6</b> Payor address; City; State; Zip Code	
	<b>7</b> Reason for credit	

Date	Payor name	Amount (\$)
	..... Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	..... Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	..... Payor address; City; State; Zip Code	
	Reason for credit	

Date	Payor name	Amount (\$)
	..... Payor address; City; State; Zip Code	
	Reason for credit	

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**CANDIDATE / OFFICEHOLDER REPORT:  
DESIGNATION OF FINAL REPORT****FORM C/OH - FR**

The C/OH Instruction Guide explains how to complete this form.

.. Complete only if "Report Type" on C/OH page 1 is marked "Final Report" ..

**1 C/OH NAME****2 ACCOUNT #** (Ethics Commission filers)**3 SIGNATURE**

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

\_\_\_\_\_  
Signature of Candidate / Officeholder**4 FILER WHO IS NOT AN OFFICEHOLDER**.. Complete A & B below *only* if you are a candidate ..**A. CAMPAIGN FUNDS**

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

**B. ASSETS**

Check only one:

- ☐ I do not retain assets purchased with political contributions or interest or other income from political contributions.
- ☐ I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

\_\_\_\_\_  
Signature of Candidate**5 OFFICEHOLDER**.. Complete this section *only* if you are an officeholder ..

- ☐ I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file.

\_\_\_\_\_  
Signature of Officeholder